

Fill in this information to identify the case:

Debtor 1 RONALD GREENE

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number 19-01861

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Ascendium Education Solutions, Inc</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Ascendium Education Solutions, Inc</u> Name <u>PO Box 8961</u> Number Street <u>Madison WI 53708</u> City State ZIP Code Contact phone <u>800-874-8982</u> Contact email <u>GA-Bankmail@AscendiumEducation.org</u>	Where should payments to the creditor be sent? (if different) <u>Ascendium Education Solutions, Inc</u> Name <u>PO Box 809142</u> Number Street <u>Chicago IL 60680</u> City State ZIP Code Contact phone <u>800-874-8982</u> Contact email <u>GA-Bankmail@AscendiumEducation.org</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2</u> <u>2</u> <u>9</u> <u>3</u>
7. How much is the claim?	\$ <u>43,889.12</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Guaranteed Student Loans</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/08/2019
MM / DD / YYYY

/s/ Jeanine Peterson

Signature

Print the name of the person who is completing and signing this claim:

Name Jeanine Peterson

First name

Middle name

Last name

Title Supervisor

Company Ascendium Education Solutions, Inc

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 8961

Number

Street

Madison

City

WI

State

53708

ZIP Code

Contact phone 800-874-8982

Email GA-Bankmail@AscendiumEducation.org

07-03-19 08:22

Default Summary

GWIN114A A

Monetary Data

Page 1

Borr Acct Id	<u>2293</u>	9 Guar Nr <u>755</u>	Name GREENE, RONALD
Coll Id Nr	00000	PTP Coll Id Nr	00000 PTP Dt
Orig Dflt Dt	06-24-16	Prin Pd Fed	0.00 Last Pmt At 33,326.32
Last Dflt Dt	06-24-16	Prin Unpd Fed	33,326.32 Last Pmt Dt 06-24-16
PIF Dt		Prin Pd Guar	0.00 Last Pmt Type Cd NP
Cons Int Pt	6.04	Prin Unpd Guar	0.00 Mo Pmt At 0.00
		P/I Pd Fed	0.00 Rtrn Chk Qy 0
Clm Type Cd	07	P/I Unpd Fed	0.00 Coll Agency Nr 000
Clm Prin Pd	22,676.71	P/I Pd Guar	0.00 Bkrpt Dis Dt
Clm Int Pd	10,649.61	P/I Unpd Guar	0.00 Prin Dis At 0.00
Lgl Fee Pd	0.00	Acc Thru Dt	12-31-17 Prin Dis Pd 0.00
LglFee Unpd	0.00	A/I Pd Fed	0.00 P/I Dis At 0.00
Oth Fee Pd	0.00	A/I Unpd Fed	3,057.40 P/I Dis Pd 0.00
OthFee Unpd	0.00	A/I Pd Guar	0.00 A/I Dis At 0.00
NonReim Fee	0.00	A/I Unpd Guar	0.00 A/I Dis Pd 0.00
RptTotFeePd	0.00	Prin Ncol Fed	0.00 Int Ncol Fd 0.00
AWG Status		Prin Ncol Guar	0.00 Int Ncol Gr 0.00
PayoffColFee	4,831.12	Stoff Fee Pd	0.00 RptStFeeUpd 0.00
		Stoff Fee Unpd	0.00 RptLgFeeUpd 0.00
Payoff At	43,889.12	As Of <u>04 30 19</u>	RptOtFeeUpd 0.00

ENTER NEW PAYOFF DATE TO RECALCULATE PAYOFF AMT, PF12 PAGE FORWARD, PF22=EDGAR
A DEMO AND/OR LOAN HOLD EXISTS FOR THIS ACCOUNT

4-© §	A	Sess-1	00.0	TCPS1658	#§3/15
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Ascendium Education Solutions, Inc.
PO Box 8961
Madison WI 53708-8961

SS # 2293
Name RONALD GREENE

1a	Principal Due	33,326.32
2	Interest Due	5,731.68
3	Collection Fees Due	4,831.12
4	Proof of Claim Amt	43,889.12

Principal Calculation

1	Prin Unpd Fed	33,326.32
1	Prin Unpd Guar	0.00
1a	Principal Due	33,326.32

Interest Calculation

4	Payoff At (as of bankruptcy file date)	43,889.12
3	Payoff Coll Fee (Collection Fees Due)	4,831.12
1a	Principal Due	33,326.32
2	Interest Due	5,731.68

Application Dates

1	5/2/2006
2	5/3/2006
3	10/18/2006
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Federal Family Education Loan Program (FFELP) Federal Consolidation Loan Application and Promissory Note

Guarantor, Program, or Lender Identification

OMB No. 1845-0036
Form approved
Exp. date 10/31/2006

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines, imprisonment, or both, under the United States Criminal Code and 20 U.S.C. 1097.

Before You Begin

Read the Instructions for Completing the Federal Consolidation Loan Application and Promissory Note. Print using dark ink or type. This form must be signed and dated by the applicant(s).

Section A. Borrower Information

1. Last Name GREENE	First Name RONALD	MI K	2. Social Security Number 2293
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10. Consolidating Lender Name Sallie Mae	11. Lender Code, if known
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Section B. Spouse Information

Only complete this section if your spouse has eligible loans and you both wish to consolidate jointly. If you complete Section B, also include your spouse's loan(s) in Sections D.1 and D.2. Your spouse must also sign and date Item 38 in Section G.

12. Last Name	First Name	MI
13. Social Security Number	14. Date of Birth (Month/Day/Year)	
15. Former Name(s)	16. Driver's License State and Number State #	
17. Fax Number and E mail Address (Optional) Fax () E mail Address		

18. Employer Name

Address

City	State	Zip Code	Employer Area Code/Telephone Number ()
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Section C. Reference Information

You must provide two separate references with different U.S. addresses. Do not include individuals who live with you (e.g., spouse) or live outside the United States. Both references must be completed fully and should be relatives or acquaintances you (or you and your spouse, if consolidating jointly) have known for at least three years.

19. Name

Permanent Address

City, State, Zip Code

E mail Address (Optional)

Area Code/Telephone Number

Relationship to Borrower

Borrower's Name GREENE RONALD K Social Security Number 2293

Spouse's Name _____ Social Security Number _____

(Please print. Enter spouse's information only if you completed Section B.)

Section D.1. Education Loan Indebtedness — Loans You Want to Consolidate

Read the instructions before completing this section. List all education loans you want to consolidate, including loans currently held by the lender that will be consolidating your loans. Use the Loan Codes listed in the instructions. If you need to list additional loans, use the Additional Loan Listing Sheet included in this package. Include your spouse's loans only if Section B has been completed. **ONLY LIST LOANS THAT YOU WANT TO CONSOLIDATE IN THIS SECTION.**

20. Loan Code (See Instructions)	21. Loan Holder Name and Mailing Address	22. B=Borrower S=Spouse J=Joint	23. Loan Account Number	24. Interest Rate	25. Payoff Amount
STFS	SALLIE MAE TRUST - LSC/FL 1002 ARTHUR DRIVE LYNN HAVEN, FL	B		5.3	\$957.14
STF3	SALLIE MAE TRUST - LSC/FL 1002 ARTHUR DRIVE LYNN HAVEN, FL	B		5.3	\$1,516.31
STFS	AMS EDUCATION LOAN TRUST ONE AMS PLACE SWANSEA, MA	B		5.3	\$3,659.40
STF3	AMS EDUCATION LOAN TRUST ONE AMS PLACE SWANSEA, MA	B		5.3	\$3,379.46
STF3	AMS EDUCATION LOAN TRUST ONE AMS PLACE SWANSEA, MA	B		5.3	\$2,033.94
STFS	AMS EDUCATION LOAN TRUST ONE AMS PLACE SWANSEA, MA	B		5.3	\$616.85

26. Grace Period End Date – If any of the loans that you have selected for consolidation are in a grace period and you wish to delay processing until you have completed your grace period, enter your expected grace period end date. If you do not wish to delay processing, leave this field blank. (Month/Year) _____

Borrower's Name GREENE RONALD K Social Security Number 2293

Spouse's Name _____ Social Security Number _____

(Please print. Enter spouse's information only if you completed Section B.)

Section F. Borrower Certification and Authorization

(In the case of a Federal Consolidation Loan made to a married couple, all references to "I," "me," "my," "you," and "your" in the Promissory Note; Borrower's Rights and Responsibilities Statement; Borrower Certification and Authorization; as well as other materials provided in connection with this loan apply equally to the borrower and the borrower's spouse unless otherwise stated.)

34. I declare under penalty of perjury that the following is true and correct:

- A. The information I have provided on this Federal Consolidation Loan Application and Promissory Note is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
- B. (i) I do not owe an overpayment on a Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, or a Leveraging Educational Assistance Partnership Grant (formerly State Student Incentive Grant), or if I owe an overpayment, I have made satisfactory arrangements with the holder to repay the amount owed. (ii) I am not now in default on any loan that I am consolidating or, if I am in default, I have either (a) made satisfactory arrangements with the holder of the defaulted loan(s) to repay the amount owed, or (b) for Federal Stafford, SLS, PLUS, or Consolidation loans, I agree to repay the Federal Consolidation Loan under income-sensitive repayment terms.
- C. The loans I am requesting to consolidate are in grace or in repayment status (including loans in deferment or forbearance).
- D. I do not have any other application pending for a Federal Consolidation Loan with any other lender. If all of my FFELP loans are with one holder who is not the consolidating lender, I further certify that I have sought and been unable to obtain a Federal Consolidation Loan from the holder of my loans, or the holder declined to provide me with an income-sensitive repayment schedule.
- E. If I have an outstanding Federal Consolidation Loan, I am eligible for another Federal Consolidation Loan because: (i) I have subsequently borrowed another eligible loan(s), or (ii) I am consolidating a Federal Consolidation Loan with at least one other eligible loan.
- F. All of the loans selected for consolidation have been used to finance my education or my child's education.
- G. I am not subject to a judgment secured through litigation or to an order for wage garnishment, except as I have disclosed.
- H. If I am applying jointly with my spouse, we are legally married to each other.

35. I also make the following authorizations and statements of understanding:

- A. I understand that the amount of my Federal Consolidation Loan will be based on the payoff amounts of my outstanding eligible loans that I selected for consolidation, as provided by the holders of those loans, and may exceed my estimate of such payoff amounts. The actual payoff amounts may differ from the estimated payoff amounts because the holders will include unpaid principal, unpaid accrued interest, and other costs as permitted by federal regulations in the payoffs reported to the consolidating lender. I understand that if any collection costs are owed on the loans selected for consolidation, these costs may be added to the principal balance of the Federal Consolidation Loan and, in the case of Federal Stafford, SLS, PLUS, or Consolidation loans in default and held by a

guaranty agency, may not exceed 18.5 percent of the outstanding principal and interest on the loan at the time the holders certify the payoff amounts.

- B. I understand that I may no longer be eligible for some deferment types and for subsidized deferment periods on some loans being consolidated. I also understand that I may no longer be eligible for some loan discharges and types of forgiveness that were available on the loans being consolidated. If I am applying jointly with my spouse, I further understand that my Federal Consolidation Loan will be fully discharged only if both of us qualify for discharge and may be partially discharged if only one of us qualifies for discharge. I also understand that I may postpone repayment of the loan only if I provide the lender with a request that confirms deferment or forbearance eligibility for both of us at the same time.
- C. I authorize the consolidating lender to contact the holders identified on my application to determine the eligibility and/or payoff amounts for the loans I have selected for consolidation. I further authorize those holders to release that information.
- D. I authorize the consolidating lender to send the proceeds of my Federal Consolidation Loan to each holder of the loans I have identified to pay off the debts.
- E. If the amounts my consolidating lender sends to my holders exceed the amounts needed to pay off the balances of the selected loans, I understand that the holders will refund the excess to my consolidating lender to be applied against the outstanding balance of this loan. If the amounts my consolidating lender sends to my holders are less than the amounts needed to pay off the balances of the loans selected for consolidation, I will be responsible for notifying my consolidating lender about the remaining amounts. I authorize the consolidating lender to include the remaining amounts in this Federal Consolidation Loan, unless I pay off the remaining balances.
- F. I authorize the consolidating lender, the guarantor, or their agents to investigate my credit record and report information concerning my loan status to persons and organizations permitted by law to receive such information.
- G. I authorize the release of information pertinent to this loan: (i) by the school(s), the lender, and the guarantor, or their agents, to the references on this loan and to members of my immediate family unless I submit written directions otherwise; and (ii) by and among my schools, lenders, guarantors, the Department of Education, and their agents.
- H. I authorize the Department of Education and its agent(s) to verify my Social Security Number with the Social Security Administration (SSA) and, if the number on my loan record is incorrect, then I authorize SSA to disclose my correct Social Security Number to these parties.
- I. If I have HEAL loans serviced by the consolidating lender and such loans are not included in this Federal Consolidation Loan, I authorize the establishment of a combined payment plan on my behalf.

Section G. Promissory Note (continued on next page) To be completed and signed by the borrower and spouse, if applicable.

(In this Promissory Note, "lender" refers to, and this Promissory Note benefits, the original consolidating lender and its successors and assigns, including any subsequent holder of this Promissory Note.)

36. Promise to Pay:

I promise to pay to the order of the lender, all sums disbursed (hereafter "loan") under the terms of this Promissory Note (hereafter "Note") to pay off my prior loan obligations, plus interest and other charges and fees that may become due as provided in this Note. Unless I make interest payments, interest that accrues on my loan during forbearance periods and on the unsubsidized portion of my loan during deferment periods will be added, as provided under the Act, to the principal balance of the loan. If I fail to make any payments on this Note when due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees.

If I am applying jointly with my spouse, I understand and agree that I am and will continue to be held jointly and severally liable for the entire amount of the debt represented by the Federal Consolidation Loan without regard to the amounts of our individual loan obligations that are consolidated and without regard to any change that may occur in our marital status. I understand this means that I may be required to pay the entire amount due if my spouse is unable or refuses to pay.

I understand that this is a Promissory Note. I will not sign this Note before reading the entire Note even if I am otherwise advised. I am entitled to an exact copy of this Note and the Borrower's Rights and Responsibilities Statement. My signature certifies I have read, understand, and agree to the terms and conditions of this Note, including the Borrower Certification and Authorization and the Borrower's Rights and Responsibilities Statement.

I UNDERSTAND THAT THIS IS A LOAN THAT I MUST REPAY.

37. Borrower's Signature RONALD K GREENE

Today's Date (Month/Day/Year) 4/25/2006

38. Spouse's Signature (If consolidating jointly) _____

Today's Date (Month/Day/Year) _____

Federal Family Education Loan Program (FFELP)

Guarantor, Program, or Lender Identification

OMB No. 1845-0008
Form approved
Exp. date 3-29-2008Federal Stafford Loan
Master Promissory Note

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines, imprisonment, or both, under the United States Criminal Code and 20 U.S.C. 1092.

Borrower Information

Please print neatly or type. Read the instructions carefully.

1. Last Name

Gagne

First Name

Renald

MI

K

2. Social Security Number

2293

CHASE - JPMORGAN CHASE BANK, N.A. (807807)

807807

10. References: You must provide two separate references with different U.S. addresses. The first reference should be a parent (if living) or legal guardian. Both references must be completed in full.

Name

Permanent Address

City, State, Zip Code

E-mail Address

Area Code/Telephone Number

Relationship to Borrower

11. Requested Loan Amount: I request a total amount of subsidized and unsubsidized loans under this Master Promissory Note not to exceed the allowable maximums under the Higher Education Act. My school will notify me of the type(s) and amount(s) of loan(s) that I am eligible to receive. I may cancel my loan or request a lower amount by contacting my lender or school. Additional information about my right to cancel a loan or request a lower amount is included in the Borrower's Rights and Responsibilities Statement and Disclosure Statements that have been or will be provided to me.

12. Interest Payments (Optional):

☐ I want to pay unsubsidized interest while I am in school.

Borrower Certifications and Authorizations

Read carefully before signing below.

13. Under penalty of perjury I certify that:

A. The information I have provided on this Master Promissory Note and as updated by me from time to time is true, complete, and correct to the best of my knowledge and belief and is made in good faith.

B. I will immediately repay any loan proceeds that cannot be attributed to educational expenses for attendance on at least a half-time basis at the school that certified my loan eligibility.

C. (i) I do not now owe an overpayment on a Federal Pell Grant, Supplemental Educational Opportunity Grant, or a Leveraging Educational Assistance Partnership Grant (formerly State Student Incentive Grant); or, if I owe an overpayment, I have made repayment arrangements with the holder to repay the amount owed; (ii) I am not now in default on any loan received under the Federal Perkins Loan Program (including NDSL loans), the Federal Direct Loan Program, or the Federal Family Education Loan Program ("FFELP" as defined in the Borrower's Rights and Responsibilities Statement); or (iii) I am in default on a loan, and I have made satisfactory arrangements with the holder of the defaulted loan.

14. For all subsidized and unsubsidized Federal Stafford Loans (as described in the additional MPN provisions and the Borrower's Rights and Responsibilities Statement) I receive under this Master Promissory Note, and for certain other loans as described below, I make the following authorizations:

A. I authorize my school to certify my eligibility for loans under this Master Promissory Note.

B. I authorize my school to transfer loan proceeds received by electronic funds transfer (EFT) or master check to my student account.

C. I authorize my school to pay to the lender any refund that may be due up to the full amount of the loan(s).

D. I authorize the lender, the guarantor, or their agents, to investigate my credit record and report information concerning my loan status to persons and organizations permitted by law to receive such information.

E. I request and authorize my lender to: (i) during the in-school and grace periods of any loans made under this Master Promissory Note, defer and align the repayment of principal on all of my FFELP loans that are in repayment status; and (ii) add unpaid interest that accrues on all my FFELP loans to the principal balance of such loans ("capitalization") including such loans made under this Master Promissory Note, during forbearance periods, and for unsubsidized loans, during in-school, grace, and deferment periods as provided under the Act. "Capitalization" will increase the principal balance on my loans and the total amount of interest charges I must pay.

F. I authorize the release of information pertinent to my loans: (i) by the school, the lender, and the guarantor, or their agents, to the references on the applicable loans and to members of my immediate family unless I submit written directions otherwise; and, (ii) by and among my schools, lenders, guarantors, the Department of Education, and their agents.

G. So that the loans requested can be approved, I authorize the Department of Education to send any information about me that is under its control, including information from the Free Application for Federal Student Aid, to the school, the lender, and to state agencies and nonprofit organizations that administer financial aid programs under the FFELP.

Promise to Pay In this Master Promissory Note (MPN), "lender" refers to, and this MPN benefits, the original lender and its successors and assigns, including any subsequent holder of this MPN.

15. I promise to pay to the order of the lender all loan amounts disbursed under the terms of this MPN, plus interest and other charges and fees that may become due as provided in this MPN. I understand that multiple loans may be made to me under this MPN. I understand that by accepting any disbursements issued at any time under this MPN, I agree to repay the loans. I understand that, within certain time frames, I may cancel or reduce the amount of any loan by refusing to accept or by returning all or a portion of any disbursement that is issued. Unless I make interest payments, interest that accrues on my unsubsidized loans during in-school, grace, and deferment periods will be added as provided under the Act to the principal balance of such loans. If I do not make any payment on any loan made under this MPN when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this MPN before reading the online MPN, even if I am told not to read it, or told that I am not required to read it. I am entitled to an explanation of the conditions of this MPN. I have read, understood, and agree to the terms and conditions of this MPN, including the Borrower's Rights and Responsibilities Statement, the Notice About Subsequent Loans Made Under This MPN, and the Borrower's

I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN, AND THAT I MUST REPAY ALL LOANS THAT I RECEIVE UNDER THIS MPN.

16. Borrower's Signature *Renald Gagne*

17. Today's Date (Month/Day/Year) 9-20-06

Additional MPN provisions follow

RIDER TO PROOF OF CLAIM

1. The Creditor submits this Rider to the attached proof of claim.
2. Included with the proof of claim is a redacted copy of the loan agreement and note establishing Debtor's student loan debt.
3. Debtor's student loan debt is nondischargeable pursuant to section 523(a)(8) of title 11 of the United States Code. As such, Debtor's student loan debt will continue to accrue interest during the pendency of Debtor's bankruptcy case. The Creditor reserves the right to seek, either through its proof of claim or directly against Debtor, any fees, expenses and other costs recoverable under the agreements establishing the Debtor's student loan debt.
4. The Creditor further reserves the right to: (a) alter, amend, update, modify, supplement or otherwise revise this proof of claim in any respect at any time, including to add accrued interests and other recoverable costs and expenses; and (b) file additional proofs of claim for any other liability or indebtedness of Debtor. The Creditor specifically preserves all of its procedural and substantive defenses and rights with respect to any claim that may be asserted against the Creditor by Debtor or any other party in interest in Debtor's bankruptcy case, or any other person or entity whatsoever, including any challenge or defense to the jurisdiction of this Court over any such claim.
5. The filing of this proof of claim is not and should not be construed to be: (a) the Creditor's consent to this Court's jurisdiction for any matter that is beyond the constitutional authority of a bankruptcy court; (b) a waiver or release of the Creditor's rights against any other person liable for all or part of any claim described herein; or (c) a waiver of the right to seek to have the reference withdrawn with respect to any proceedings commenced in this case against or otherwise involving the Creditor (including with respect to any counterclaims to the claims asserted in this proof of claim).

From: web@pamb.uscourts.gov on behalf of [PAMB Web](#)
To: [PAMBml fax](#)
Subject: EDSS filing from Jeanine Peterson for Ronald Greene on Friday, May 27, 2022 - 12:35
Date: Friday, May 27, 2022 12:35:37 PM

Submitted on Friday, May 27, 2022 - 12:35

Submitted by user: Anonymous

Submitted values are:

Filer's Name: Jeanine Peterson

Debtor's name (if different): Ronald Greene

Filer's EMail Address: JPeterson@AscendiumEducation.org

Filer's Phone Number: 18008748982

Case number (if known): 19-01861

==Documents==

Document 1:

<http://www.pamb.uscourts.gov/system/files/webform/edss/19-01861%20Application%20with%20COS.pdf>

Document description: Application Requesting Redaction of
Personal Information

==More Documents==

Document 2:

<http://www.pamb.uscourts.gov/system/files/webform/edss/19-01861%20Replacement%20document%20R.pdf>

Document 2 description: Proposed redacted POC and Exhibit
document

Document 3:

Document 3 description:

Document 4:

Document 4 description:

Document 5:

Document 5 description:

By entering my name in the box below, I affirm that I am intending to sign
this form with my signature and consent to use this electronic form.: Jeanine
Peterson